PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL		Application Number		10/664,522						
		Filing Date		Sept. 17, 2003						
MAR 0 9 2006 FORM			Named Inventor	Shawn M.	Chawgo					
to be used for all correspondence after initial filing)			Group Art Unit		2836					
TRADEM		Examiner Name		LEJA, RONALD W.						
Total Number of Pages in This Submission 11		Attorn	ey Docket Number	205_029/1	cip					
ENCLOSURES (check all that apply)										
Fee Transmittal Form	☐ Drawin	g(s)		After A	Illowance Communication to					
Fee Attached	Licensi	ng-relate	d Papers		l Communication to Board of ls and Interferences					
Amendment / Reply	⊠ Petition	1			l Communication to Group Il Notice, Brief, Reply Brief)					
After Final	_	i to Conv onal App		Proprietary Information						
Affidavits/declaration(s)			ey, Revocation espondence Address	Status Letter						
Extension of Time Request	Termin	al Disclai	mer	Other Enclosure(s) (please identify below):						
☐ Express Abandonment Request ☐ CD, Nui				Amendment, Petition and Fee to Add Inventor in Declaration (2 pgs.); Petition Under 37 CFR §1.48 to Corect						
☐ Information Disclosure Statement				Inventorsh Inventor Book of Actual In Assignee to Application Application Correspon	ip (2 pgs.); Declaration of eing Added (1 pg.); Declaration eventors (1 pg.); Consent of o Correct Inventorship in (1 pg.); Declaration For Utility In, Power of Attorney and dence Address Indication For neck for \$130.00 and return	у				
Certified Copy of Priority Document(s) Remar		rks	The Commissioner is to Deposit Account N		to charge any additional fe	es				
Response to Missing Parts/ Incomplete Application										
Response to Missing Parts under 37 CFR 1.52 or 1.53										
SIGN	ATURE OF A	APPLICA	ANT, ATTORNEY, OF	RAGENT						
Firm Wall Marjama & E	Bilinski LLP									
Individual name James R. Muldoon Reg. No. 38,249										
Signature	Relo									
Date March 9, 2006										
	CEI	RTIFICA	TE OF MAILING			_				
I hereby certify that this correspondence express mail, Express Mail Label No.: Express Patents, P.O. Box 1450, Alexandria, VA	/676905983U	S in an e	nvelope addressed to Ma							
Typed or printed name Jill E. Brune										
Signature (), 00	E Bu	mot		Date	March 9, 2006					

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (01-06)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PE		Under the Paperwork Re	duction Act of	1995 no persons are require				OMB control number					
Fees pursuant to the Cons	colidated Appropriations Ac	t. 2005 (H.R. 4818).	<u> </u>	Complete if Known									
EE BYET					10/664,522								
FEE TRANSMITTAL For FY 2006			_	Filing Date		Sept. 17, 2003							
				First Named Inve		Shawn M. Chav							
3				Examiner Name Leja, Ronald W. Art Unit 2836			•						
Applicant status small entity status. See 37 CFR 1.27				Art Unit									
TOTAL-AMOUNT OF PAYMENT \$130.00				Attorney Docket									
Express Mail Label No. E	EV676905983US												
METHOD OF PAYME													
Check Credit Card Money Order None Other (please identify):													
Deposit Account Deposit Account Number: 50-0289 Deposit Account Name: Wall Marjama & Bilinski LLP													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee													
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card													
information and authoriza	tion on PTO-2038	•											
FEE CALCULATION													
1. BASIC FILING, SEA			T		-T		<u> </u>						
	FILIN	IG FEES	SE	ARCH FEES		INATION FEE							
–	D (0)	Small Entity	₅ ,	Small Entity	1	Small Entit	_	a Daid (C)					
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$)	<u>Fee (\$)</u>	ree	s Paid (\$)					
Utility	300	150	500	250	200	100							
Design	200	100	100	50	130	65							
Plant	200	100	300	150	160	80							
Reissue	300	150	500	250	600	300							
Provisional	200	100	0	0	0	0							
2. EXCESS CLAIM FE						_0(0=0.		Small					
2. ENCESS CERTIFICATE	2.0							Entity					
Fee Description							Fee (\$)	Fee (\$)					
Each claim over 20 (inclu	iding Reissues)						50	25					
Each independent claim of		Reissues)					200	100					
Multiple dependent claim							360	180					
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	Multiple D	ependent					
			ļ				Claims	T D : 1 (0)					
	- 20 or HP =	_	X		=	ļ	Fee (\$)	Fee Paid (\$)					
IID— highest paid number of	Statel alaims maid &	e if granter than	20				-						
HP= highest paid number of Indep. Claims	Total claims paid it	Extra Claims	1	Fee (\$)		Fee Paid (\$)							
indep. Clauiis	- 3 or HP =	Extra Clatins	x	100 (0)	_	100111110 (0)							
HP =highest number of inde		d for, if greater th											
3. APPLICATION SIZI													
If the specification and draw	vings exceed 100 sh	eets of paper (exc	luding ele	ctronically filed se	quence or con	nputer listings un	der 37 CFR 1.5	(2(e)), the					
application size fee due is \$2													
Total Sheets	Extra Sheets			each additional 50				Fee Paid (\$)					
- 100 =	<u> </u>	/ 50 =	(round	d up to a whole nur	inder)	x		Fees Paid					
4. OTHER FEES								<u>(\$)</u>					
Non-English Specification, \$130 fee (no small entity discount)													
Other (e.g., late filing surcharge): Amendment and Petition to Add to Original Erroneously Named Inventor in													
Declaration 37 C.F.R. § 1.48(a													
SUBMITTED BY		WHI A			Registration	No. 38 240	Telenhone	315-425-9000					
Signature Registration No. 38,249 Telephone 315-425-9000 (Attorney/Agent)													
Name (Print/Type) James R. Muldoon Date March 9, 2													

Name (Print/Type)